DATENT ADDI 10 10 10 10 10 10 10 10 10 10 10 10 10								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10696386					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OF	OTHER THAN SMALL ENTITY		
	TOTAL CLAIM	S	24				R/		FEE		RATE	FEE	
F	FOR .		NUMBE	NUMBER FILED		JMBER EXTRA		BASIC F	EE 385.0		BASIC FE	+	
TOTAL CHARGEABLE CLAIMS			25 n	25 minus 20=		5		X\$ 9=		OF	1	90.00	
I٨	DEPENDENT	CLAIMS	16	minus 3 =	*	3		X43=		- -	You		
М	ULTIPLE DEPE	NDENT CLAIM	RESENT					7,402		-OF		2580	
* If the difference in column 1 is less than zero, enter "0" in column 2						' [+145=		OF				
								TOTAL		OF	TOTAL	1118.0	
_	CLAIMS AS AMENDED - PART II (Column 1) 4-21-05 (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
END	Total	1. 17	Minus	# 2	5	=		X\$ 9=		OR	X\$18=		
AM	Independent	* 5 ENTATION OF M	Minus	<u> </u>	<u> </u>			X43=		OR	X86=		
	THOTPRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=		
							<u>L</u>	TOTAL	- 1	OR	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	AL	DDIT. FE	·		ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Г	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	\vdash	X43=	 	OR	X86=		
	FINST PRESE	NTATION OF ML	LTIPLE DE	PENDENT C	LAIM		F		 				
						•	Ŀ	+145=		OR	+290=		
							AD	TOTAL DIT. FEE		OR.	TOTAL ADDIT. FEE		
7	,	(Column 1) CLAIMS		(Column		(Column 3)							
		REMAINING AFTER AMENDMENT	i	NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=	T,	K\$ 9=			X\$18=	FEE	
	Independent	*	Minus	***		=	-	· · · · · ·		OR			
Γ	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		L'	X43=		OR	X86=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
 	the "Highest Nun	nber Previously Pain ober Previously Pain oer Previously Paid	For IN THIS For IN THIS	S SPACE is le	ss than	20, enter "20."		TOTAL DIT. FEE	consists be		TOTAL DOIT. FEE		

FORM PTO-875 (Rev. 10/03)

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